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		Application Number	10/512,122				
TRANSMITTAL		Filing Date	01/3	1/30/2006			
FORM			First Named Inventor	Desi	Desmond Jay Maslen		
(to be used for all corresponder	_	200)	Art Unit	3747	3747		
(to be used for all corresponde)	Ç9 aner minarimi	rrg)	Examiner Name	Noa	Noah P. Kamen		
Total Number of Pages in this Sub	noiesim		Attorney Docket Number	5754	5754-2		
ENCLOSURES (check all that apply)							
□ Fee Transmittal Form		Drav	wing(s)			After Allowance Communication to TC	
Fee AttachedCredit Card Paymer	t Form	☐ Licensing-related Papers				Appeal Communication to Board of	
Amendment Response	-	☐ Peti	tion			Appeals and Interferences	
After Final	_		etition to Convert a Provisional oplication			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
☐ Affidavits/declaration(s	` r	 □ Pow	ver of Attorney, Revocation,			Proprietary Information	
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Response to Missing Parts/incomplete Remarks Application				•			
Response to Missing to 37 CFR 1.52 or 1.53	Response to Missing Parts under						
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Firm Name Woodard.	Emhardt, Mo	oriarty.	McNett & Henry LLP				
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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Application Number			
FEE TRANSMITTAL	Application Number 10/512,122 Filing Date 01/30/2006		REC	EIVED
	First Named Inventor	Desmond Jay N	faslen CENTRAL	FAI CENTE
For FY 2006	Examiner Name	Noah P. Kamer		
Applicant claims small entity status. See 37 CFR 1.27	Art Unit	3747	AUG	3 1 2006
TOTAL AMOUNT OF PAYMENT (\$)60.00	Attorney Docket No.	5754-2		
METHOD OF PAYMENT (check all that apply)	<u> </u>			
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authorization on PTO-2038. FEE CALCULATION				
1. BASIC FILING, SEARCH, AND EXAMINATION FEES			<u> </u>	
FILING FEES SEARCH FE		TION FEES Small Entity		
Application Type Fee (\$) Fee (\$) Fee (\$)	<u>e (\$) </u>	Fee (\$)	Fees Paid (5)	1
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Relssue 300 150 500	250 600 0 0	300 O		-
Provisional 200 100 0	Ų b	Ü		_
2. EXCESS CLAIM FEES		Small Entity		
Fee Description	<u>Fee (\$)</u>	Fee (\$)	•	1
Each claim over 20 (including Reissues) Each independent claim over 3 (including Relesues)	50 200	25 100		
Multiple dependent claims	360	180		
		Dependent Claims	1	
Total Claims <u>Extra Claims Fee (\$) Fee Paid (\$</u> 13 -20 or HP =0 x0 =1	i) <u>Fee (\$)</u> x	<u>Fee Paid (\$)</u> =0		
HP = highest number of total claims paid for, if greater than 20	•	•		
Independent Claims Extra Claims Fee (\$) Fee Paid (\$	3)			
3 -3 or HP =0 x0 =1 HP = highest number of independent claims paid for, if greater than 3				1
If the energication and drawings exceed 100 sheets of paper (excluding	ng electronically filed seque	ence or computer li	stings under 37 CFR 1.52(e)),
the application size fee due is \$250 (\$125 for small entity) for each add C.F.R. 1.16(s).	ditional 50 sheets or fractio	on thereof. See 35	U.S.C. 41(B)(1)(G) and 37	
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4. OTHER FEE(S)			Fee Paid (\$)	1
1 Month Extension of Time			\$60.00	
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SUBMITTED BY			-	
	Registration No. 26,207 Attorney/Agent)	Telephone	(317) 634-3456	
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